

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	ID NO.	DATE
FEE DETERMINATION		
O.I.P.E. CLASSIFIER		
FORMALITY REVIEW	5-13	5-25-01
RESPONSE FORMALITY REVIEW	55	5-15-01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2		✓	
3		N	
4		✓	
5	✓	✓	
6		N	
7		✓	
8	✓	✓	
9		✓	
10		✓	
11		✓	
12		N	
13			
14		✓	
15		N	
16		✓	
17		N	
18		✓	
19		✓	
20		✓	
21		N	
22		✓	
23		✓	
24		N	
25		✓	
26		✓	
27		✓	
28		N	
29		✓	
30		✓	
31		N	
32		✓	
33		N	
34		N	
35		✓	
36		✓	
37		✓	
38		N	
39		✓	
40		N	
41		✓	
42		✓	
43		✓	
44		✓	
45		✓	
46		✓	
47		N	
48		✓	
49		✓	
50		✓	

Claim	Final	Original	Date
51	✓	✓	
52		✓	
53		✓	
54		✓	
55		✓	
56		✓	
57		✓	
58		✓	
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94		✓	
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97		✓	
98		✓	
99		✓	
100		✓	

Claim	Final	Original	Date
101		✓	
102		✓	
103		✓	
104		✓	
105		✓	
106		✓	
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145		✓	
146		✓	
147		✓	
148		✓	
149		✓	
150		✓	

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If more than 150 claims or 10 actions  
staple additional sheet here

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